Work Plan

2005 to 2007

Prepared: November 2005

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Executive Summary

There are three paediatric networks in New South Wales, which were established in 2001 by NSW Health in response to the Government Action Plan (GAP) for Health. Each network incorporates metropolitan and rural partners and is based on an assessment of flow patterns for paediatric inpatient care. The networks and their partners are as follows:

Northern Child Health Network
- Hunter New England Area Health Service
- North Coast Area Health Service
- Linked to John Hunter Children's Hospital

Greater Eastern & Southern Child Health Network
- South East Sydney/Illawarra Area Health Service
- Greater Southern Area Health Service
- North Sydney Central Coast Area Health Service (shared with WCHN)
- Sydney South West Area Health Service (shared with WCHN)
- Linked to Sydney Children's Hospital

Western Child Health Network
- North Sydney Central Coast Area Health Service (shared with GESCHN)
- Greater Western Area Health Service
- Sydney South West Area Health Service (shared with GESCHN)
- Sydney West Area Health Service
- Linked to The Children's Hospital at Westmead

Why are Paediatric services in NSW networked?
They are networked to ensure high quality clinical care is available as close as possible to home for all children. The focus is a shared approach to service development with common guidelines for care, accompanied by staff training and development. It clearly links each local paediatric unit with one or two of the specialist Children's Hospitals in NSW. The quality of care locally will be improved by the support available from the Children's Hospitals, such as:
- specialist clinical outreach services
- shared treatment protocols and guidelines
- staff rotation between services
- professional training and development opportunities
- support in times of peak demand and
- smoother transfer and referral of patients between services

The Guidelines for Networking of paediatric services in NSW were prepared by the Statewide Services Development Branch of NSW Health under the guidance of the Paediatric Services Steering Committee and details the role of the three networks. This Committee, which was chaired by the Director-General, provides advice and oversees the progress of the Networks. This Committee has now evolved into the Health Priority Taskforce for Children and Young People.

NSW Health funds the Child Health Networks and also provides enhancement funding on a biennial basis for new projects.

Networking extends beyond the links between hospitals and includes GPs, private paediatricians, allied health service providers, community health and primary care services, early childhood services and other government and non government agencies responsible for children's health and welfare.

The Guidelines for Networking Paediatric Services in NSW focus on six dimensions of quality outlined in *"A Framework for Managing the Quality of Health Services in NSW,* which are:

- Safety
- Consumer Participation
- Appropriateness
- Access
- Efficiency
- Effectiveness

These dimensions of quality provide the basis of service planning. In relation to networking it translates into the following principles:

- Maintaining the child in the family environment; noting the importance and primary role of the General Practitioner and other ambulatory and outpatient specialist services in reducing the need and likelihood of admission and length of time children spend in hospital.
- Importance of primary and secondary prevention strategies that include early detection of children at risk, health education and health promotion.
- Supporting parents in developing parenting skills which are particularly important in the early childhood years through programs such as the "Families First", and others developed through a whole of Government approach.
- Providing a mechanism to ensure the involvement of consumers, local clinicians, nurses, allied health and other children's service providers in service planning.
- Promoting an integrated model of service delivery through the development of integrated service networks and common protocols.

Another component of paediatric networking has been the development of Clinical Practice Guidelines, which comprise a central component of the Guidelines for Networking Paediatric Services in NSW. Clinical practice guidelines have been developed by clinicians, for the ten most common paediatric presentations to Emergency Departments.

The Northern Child Health Network

The Northern Child Health Network (NCHN) covers an area of 165,570 square kilometres, approximately 20% of the state of NSW. It extends from the Hunter to the NSW/Queensland border and covers the Hunter New England Area Health Service and the North Coast Area Health Service.

The NCHN accounts for approximately 20% of the paediatric population aged 0 to 15 yrs of NSW and totals approximately 258,030 children. Between 2006 and 2031 the population is projected to decrease to 230,670. This is a decrease of 18.7%, with the greatest area of decline being Barraba (-50%) and greatest area of incline being Inner Newcastle (45.24%). This confirms the well known population shift from the bush to the coast.

Of the 47 Local Government Areas (LGA) covered by the NCHN their total populations have been classified against the ARIA+ in the following ways:

- 8.6% - Metropolitan
- 40.5% - Inner regional
- 50.1% - Outer regional
- 0.8% - Remote

The two Area Health Services within the Northern Child Health Network operate within the following parameters:

• AHS sites:	121
• Hospitals & MPS:	63
• Hospitals with newborn services:	27
• Population 0-15 yrs (2003-04):	258,030
• ED presentations per annum 0 to 16 yrs of age	118,735
• Separations 0-15 yrs (2003-04)	32,579
• LOS 1 day or less	18,347
• LOS greater than 1 day	64,836
• Sites admitting children	23
• Designated paediatric units, level 4 and above	9
• Sites with general paediatricians	9

They are among the Area Health Services with the highest proportion of:

- injury and poisoning deaths in NSW (1998 to 2002)
- interpersonal violence-related hospital separations for children aged 0-14 years (1998-99 to 2002-03)

Following is data on each of the Area Health Services (AHSs) within the NCHN.

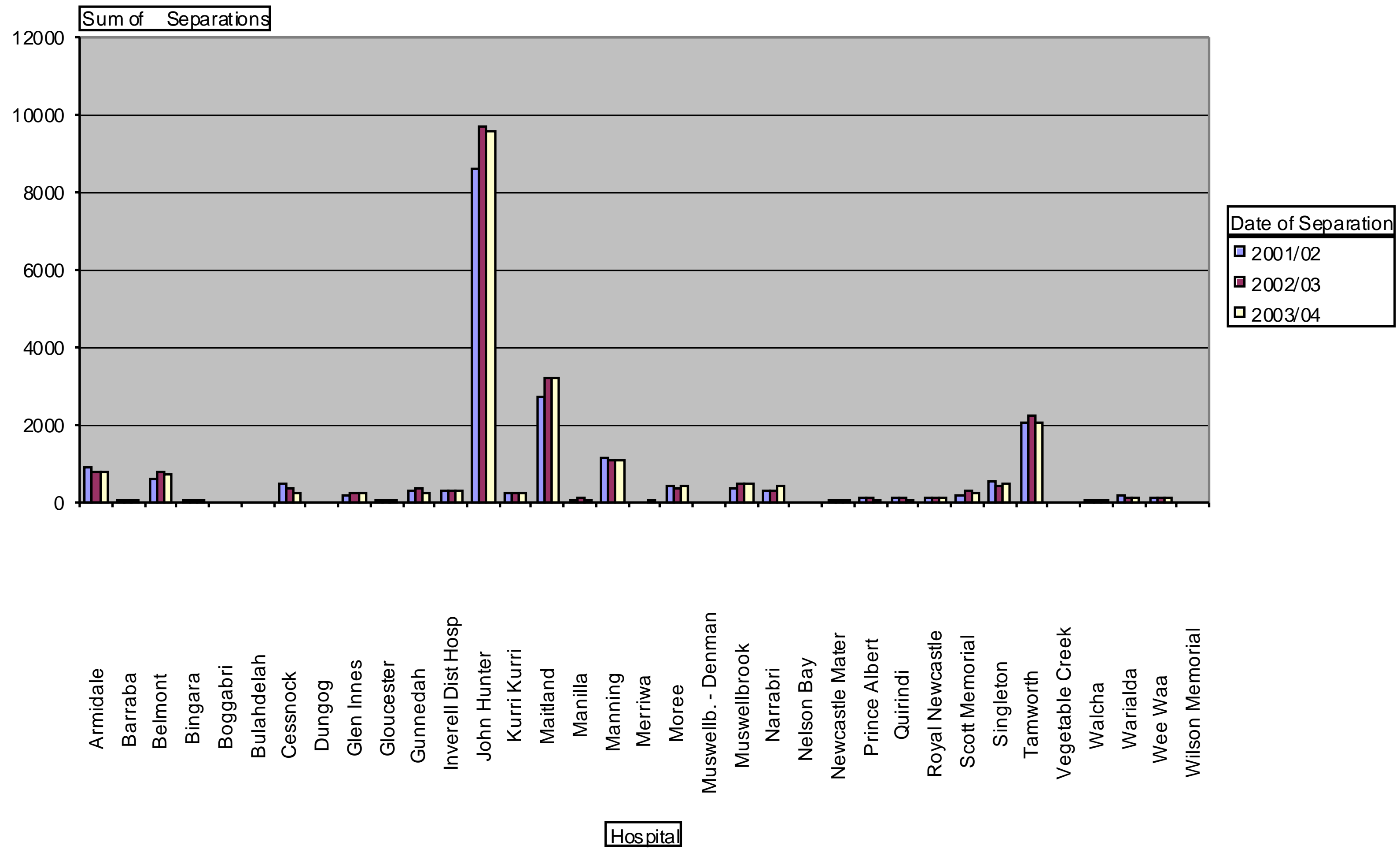
Hunter New England Area Health Service

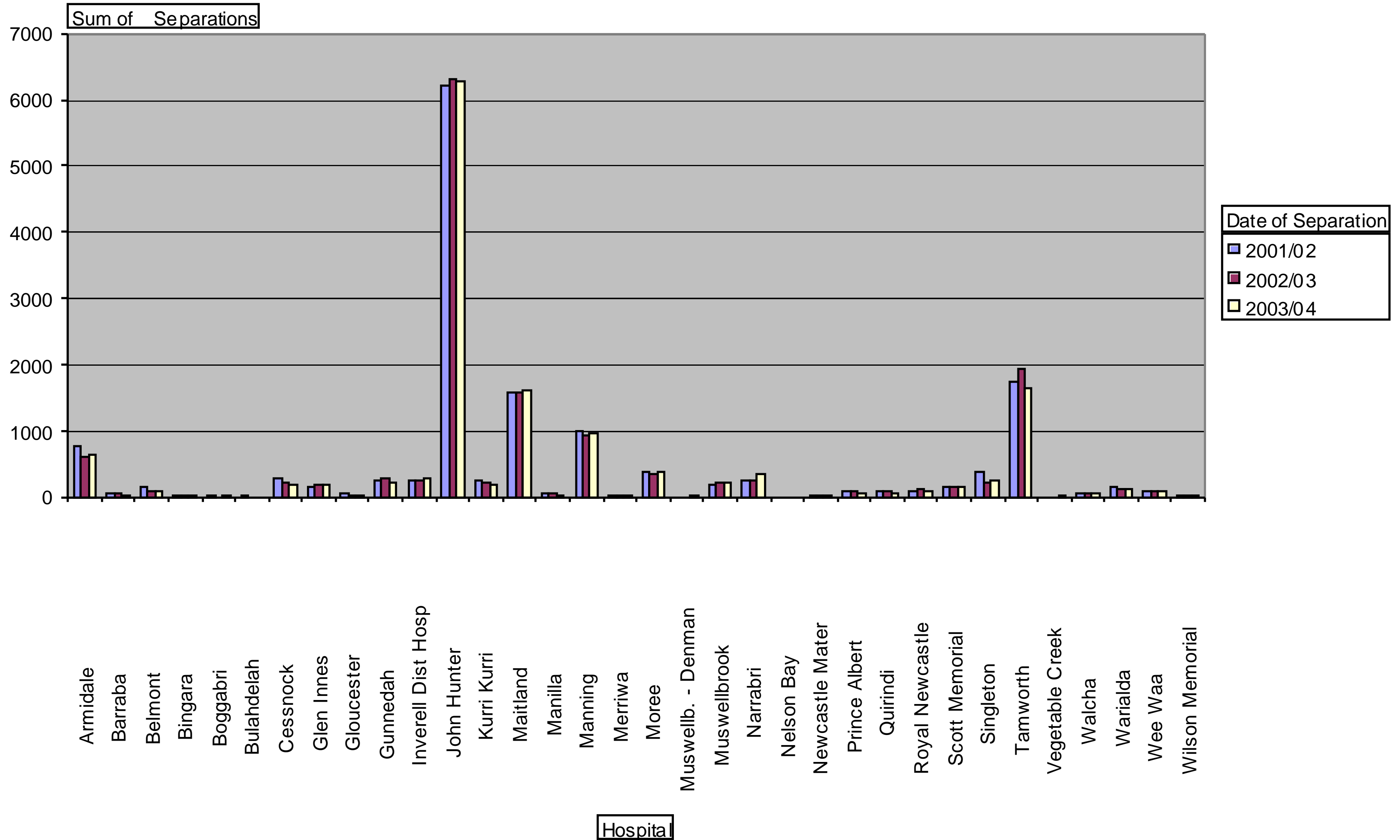
AHS Sites:	67
Hospitals & MPS	42
Hospitals with newborn services	16
Population (Projected 2006):	612,350
Population 0-14 (Projected 2006):	118,780
ED presentations 0 – 16 yrs (2004-05):	61,096
Admissions from ED 0-16 yrs (2004-05):	9,251
Separations 0-15 yrs (2003-04):	21,192
Bed Days - 1 day or less:	10,948
Bed Days - greater than 1 day:	38,753
Sites admitting children:	15
Designated paediatric units - level 4 & above:	5
Sites with general paediatricians:	5
Most common AR-DRG 0-15 yrs (2003-04):	Gastroenteritis <10 yrs
2nd most common AR-DRG 0-15 yrs (2003-04):	Bronchiolitis & asthma
Most common service related group	Medical separation admitted through ED
2nd most common service related group	Other medical separation

Compared to other NSW Area Health Services they have:

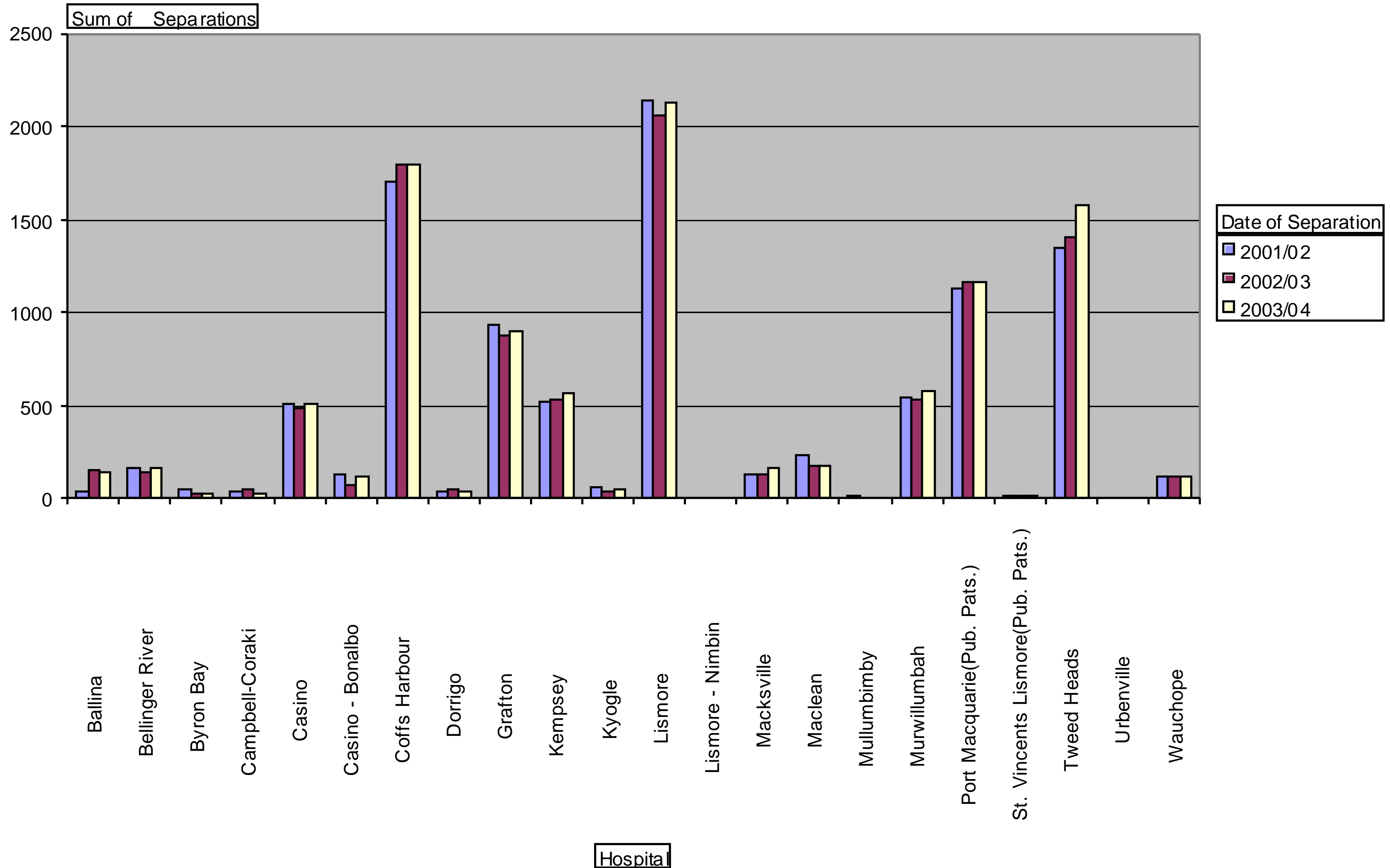
- Highest rate of immunisation coverage for 12 to 15 month age group (Dec 2003) 93%
- Households income <$300/wk (4th highest proportion) 15.2%
- Households income >$1500/wk (4th lowest proportion) 12.6%
- Assaults and robberies reported to police (2nd highest proportion) 12,913
- Thefts reported to police (2nd highest proportion) 55,742
- Levels of fluoridisation of water have risen from 34.2% (2002) to 83.6% (2003)

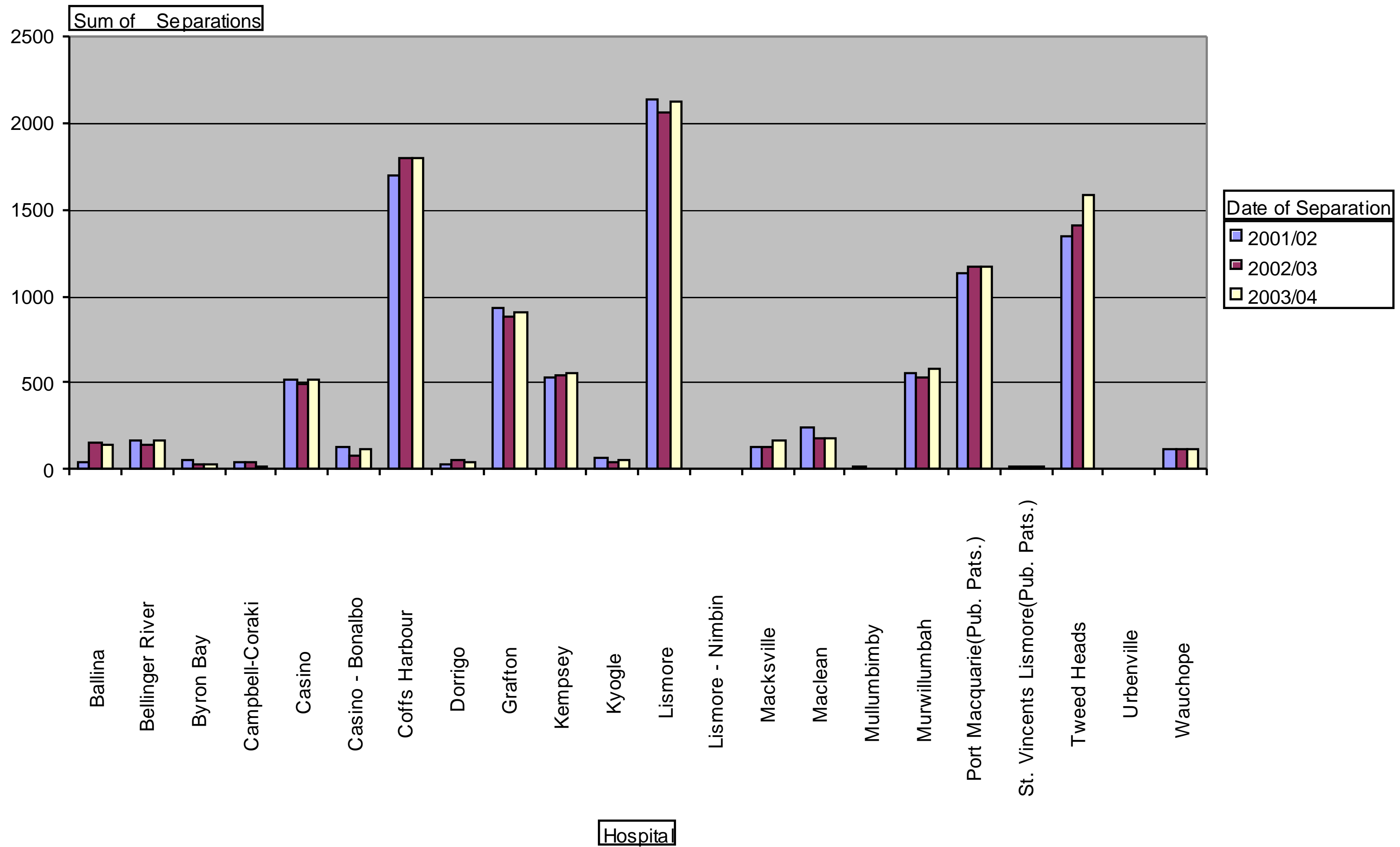
Hunter Admission to Inpatient Paediatric Units (Children up to 15 yrs 11 mnths)




Hunter Admissions Excluding Neonates, Special Care Nursery & Neonatal Intensive Care
Area of Residence(post Jan
(All)
Area of Hospital(post Jan 20
Hunter/New England
Same day flag
(All)
Overnight(los=1) flag
(All)
Case mix episode funding ty
(All)
Sum of Separations
7000
6000
5000
4000
3000
2000
1000
0
Date of Separation
2001/02
2002/03
2003/04
Armidale
Barraba
Belmont
Bingara
Boggabri
Bulahdelah
Cessnock
Glen Innes
Gloucester
Gunnedah
Inverell Dist Hosp
John Hunter
Kurri Kurri
Maitland
Manilla
Manning
Merriwa
Moree
Muswellb. - Denman
Muswellbrook
Narrabri
Nelson Bay
Newcastle Mater
Prince Albert
Quirindi
Royal Newcastle
Scott Memorial
Singleton
Tamworth
Vegetable Creek
Walcha
Warialda
Wee Waa
Wilson Memorial
Hospital

North Coast Admission to Inpatient Paediatric Units (Children up to 15 yrs 11 mnths)




North Coast Admissions Excluding Neonates, Special Care Nursery & Neonatal Intensive Care
Area of Residence(post Jan 20
(All)
Area of Hospital(post Jan 2005
North Coast
Same day flag
(All)
Overnight(los=1) flag
(All)
Case mix episode funding type
(All)
Sum of Separations
2500
2000
1500
1000
500
0
Date of Separation
2001/02
2002/03
2003/04
Ballina
Bellinger River
Byron Bay
Campbell-Coraki
Casino
Casino - Bonalbo
Coffs Harbour
Dorrigo
Grafton
Kempsey
Kyogle
Lismore
Lismore - Nimbin
Macksville
Maclean
Mullumbimby
Murwillumbah
Port Macquarie(Pub. Pats.)
St. Vincents Lismore(Pub. Pats.)
Tweed Heads
Urbenville
Wauchope
Hospital

North Coast Area Health Service

AHS Sites:	54
Hospitals & MPS:	21
Hospitals with newborn services	11
Population (Projected 2006):	379,330
Population 0-14 yrs (Projected 2006):	73,550
ED presentations 0 – 16 yrs:	33,768
Separations 0-15 yrs (2003-04):	11,386
Bed Days - 1 day or less:	7,399
Bed Days - greater than 1 day:	26,083
Sites admitting children:	8
Designated paediatric units - level 4 & above:	5
Sites with general paediatricians:	5
Most common AR-DRG 0-15 yrs (2003-04):	Gastroenteritis <10 yrs
2nd most common AR-DRG 0-15 yrs (2003-04):	Injury to forearm, wrist, hand or foot
Most common service related group	Other medical separation
2nd most common service related group	Medical separation admitted through ED

Compared to other NSW Area Health Services they have:

Lowest rate of immunisation coverage for 12 to 15 month age group (Dec 2003)	86%
Households income <$300/wk (largest proportion)	17.5%
Households income >$1500/wk (lowest proportion)	7.4%
Assaults and robberies reported to police (4th highest proportion)	5,571
Thefts reported to police (3rd lowest proportion)	22,793
Population on disability/sickness benefit (highest proportion)	12.6%
Population on parenting payment (highest proportion)	46.8%
One parent families with dependent children (highest proportion)	13.9%

Highest rate of new cases of melanoma (1998 to 2002)
Highest rate of new cases of cervical cancer (1993-2002)
Lowest rate of asthma deaths in males (1998 to 2002)
Highest rate of Hepatitis C notifications (2001 to 2003)
By far the highest rate of Ross River Virus notifications (2001 to 2003)
By far the highest rate of Salmonella notifications (2001 to 2003)
2nd highest rate of hospital separations for dental conditions

Planning Activities

In June 2002 a Planning Day was held in Port Macquarie to develop strategic objectives and priorities for the entire network until 2006. At that conference a steering group was nominated to meet quarterly to guide the direction of the network. The priorities that came from the conference were:

- Education & Training
- Specialist Outreach
- Ambulatory Care
- Information Technology

The network activities undertaken to address the priorities set at the June 2002 planning day include the ongoing day-to-day activities of the NCHN, such as:

- Facilitating the sharing of expertise found throughout the network
- Aiding those who need to apply for funding to carry out enhancement projects
- Communicating with child health workers by:

- Publishing a quarterly newsletter and maintaining our web site
- Compiling a mailing list of child health professionals to keep them informed of funding and education opportunities
- Clinical Practice Guideline (CPG) development and roll out
- Facilitation of staff secondments between rural and metropolitan hospitals
- Sourcing other enhancement funding and grants to progress the priorities of the network
- Membership of and reporting to various committees and funding providers
- Coordination of Paediatric Specialist Outreach clinics and education
- Enhancement projects as detailed at http://www.nchn.org.au/projects/index.htm

The NCHN 2005 Planning Day was held on 14 March; with 44 participants from clinical, executive and planning areas across Hunter New England, Central Coast and North Coast Area Health Services. The *Implementation Plan for the Guidelines for the Networking of Paediatric Services in NSW* was used as the framework for discussion. Significant background information was distributed to participants to enable them to develop an agreed way forward for the NCHN for 2005-07. Each of the issues in the Key Activities table contained within the plan was addressed. Participants were asked to reflect on the following for each activity:

- What does the statement really mean
- How do we achieve it
- How do we measure when we have achieved it

See Appendix 1 for the working document of the implementation plan.

To ensure the continued provision of quality accessible care to children and their families, the following network priorities were identified:

1. Project resources assured for CNC positions
2. Education needs analysis and delivery of multidisciplinary education
3. Development of guidelines for transfer of non acute patients
4. NCHN as an advocacy body, involved in joint planning; with identification of gaps, including workforce issues and definition of what outreach specialist services are already in place and what is reasonable
5. Culturally appropriate services and staff
6. Completing a timeframe and implementation plan for clinical practice guidelines across all sites, not just pilot sites
7. Executive staff Key Performance Indicators to include children's health planning and service delivery

These priorities will drive our way forward until our next Planning Day, which is proposed for late 2006.

Also discussed at the planning day; was the governance structure, including the terms of reference and composition of the steering committee for the NCHN 2005-07. The recommendations made have been incorporated into the document.

Project Proposals

Northern Child Health Network

Paediatric Enhancement Funding application

Contact Details	
1. Facility / Area Health Service	Kaleidoscope (Hunter Children's Health Network)
2. Address	John Hunter Children's Hospital Lookout Road New Lambton Heights NSW 2305
3. Name, position title and phone number of person responsible for project	Margaret Piper Director Community Child Health Harker Building Wallsend Campus
4. Priority of this Project for this AHS	Network-wide project needing prioritisation by all Chief Executives in NCHN Area Health Services.
The Project	
5. Title of project	Supporting Allied Health Professionals Working with Children
6. Aims & Objectives	1. The main aim of the project is to develop and implement a cost efficient model of support for allied health professionals (AHPs) working with children in the NCHN, incorporating recommendations from the Collaborative Child Health Network project "Improving Education and Clinical Support to Allied Health Professionals Working with Children". These recommendations are categorised into clinical supervision, performance appraisal, caseload, access to education and training and access to technology. 2. The objectives are to: • Form a Steering Committee and review and prioritise the recommendations from the Child Health Network Project • Identify existing models of support for AHPs working with children and those requesting education and clinical support • Recruit senior clinical AHPs to assist in the provision of education and clinical support • Identify AHPs working with children in NCHN who need assistance in education and clinical support • Develop a database of currently available clinical information and management guidelines by professional discipline as a NCHN wide resource • Identify specific clinical areas where education and clinical support is required and coordinate the development of resource packages of information • Ensure that AHPs working with children are provided with the opportunity to utilise Telehealth as a means of networking, providing education and clinical support and supervision • Identify and distribute to AHPs working with children, information about educational opportunities relating to clinical work and the use of technologies

	• Facilitate the implementation and ongoing maintenance of discipline specific list servers to enhance communication and support within professions • Identify AHPs working with children in NCHN as clinical leaders in the provision of clinical supervision and provide linkages with those requesting support • Develop, circulate and collate an evaluation tool for the program 3. Investigate and identify funding options to ensure long-term sustainability of the program
7. Brief description of project	In 2004, the three Child Health Networks successfully collaborated in a project to identify the needs of AHPs working with children in NSW in relation to education and clinical support. The project was of 6-months duration and was undertaken by a Project Officer. A final report was produced which identifies 21 recommendations relating to clinical supervision, performance appraisal, caseload, access to education and training and access to technology. Whilst some recommendations can be facilitated by Area Health Services, Children's Hospitals, and allied health professionals on an individual basis many will need coordination to assist in their implementation. This project would provide a coordinator to assist in the implementation of specific recommendations identified and prioritised from the report and develop a professional support programme for AHPs working with children across NCHN. A steering committee consisting of senior AHPs from Area Health Services within the boundaries of NCHN would be established to assist and guide the work of the project officer. Professional support is defined as "a working alliance between two or more professional staff members where the primary intention of the interaction is to enhance the knowledge, skills and attitudes of at least one staff member, so that the quality offered to their clients is enhanced" (Spence, Wilson, Kavanagh, Strong, Murdoch, Krasny 2000). This professional support programme would be a structured programme open to any AHP working with children in NCHN. AHPs would include those from Dietetics, Occupational Therapy, Physiotherapy, Psychology, Social Work, Speech Pathology and others as appropriate. Each AHP identified as requiring support would be matched with an appropriate senior clinician in their discipline. An agreement would then be developed which would outline the content, type and frequency of contact in which they will engage. This may include face-to-face, videoconference, telephone/teleconference and email contact. The target group for this project are AHPs working with children across NCHN. Preliminary work has been done to identify issues and develop recommendations in order to assist in the provision of education and clinical support to this population. The funding of this project will be pivotal to the coordination of the implementation of the recommendations and the development of a professional support program for clinicians.
8. Expected outcomes (if this is a continuation of an existing project, please include a summary of outcomes achieved to date (an attachment of no more than 1 page)	The Child Health Network project "Improving Education and Clinical Support to Allied Health Professionals Working with Children" identified, via survey and focus groups, many issues of concern relating to clinical supervision, performance appraisal, caseload, access to education and training, and access to technology. As part of the proposed project, AHPs working with children, across NCHN would be re-surveyed within 18 months of project implementation in order to identify changes in the previously identified areas of concern.
9. Please list and describe	• By the end of the program a report will be produced for NCHN which will

<table>
<tr>
<td>the performance indicators to be used in measuring the project’s outcomes</td>
<td>contain
A summary of how the identified recommendations have been implemented and evaluated
An evaluation of the professional support program
Recommendations for the sustainability of the professional support program
Indicators during the funding period will also include regular reports to NCHN via this project’s Steering Committee.
Investigate and identify funding options to ensure sustainability of the project.</td>
</tr>
<tr>
<td>10. Total funding sought (please give detailed budget indicating contribution of AHS)</td>
<td><table>
<tr><th>Program Budget</th><th>Detailed explanation</th><th>Budget $</th></tr>
<tr><td>Salaries</td><td>Project Officer 0.6 FTE (midpoint HSM 2 to 3), including on costs</td><td>46,550</td></tr>
<tr><td>Sub total</td><td></td><td>$46,550</td></tr>
<tr><td colspan="3">Goods and Services</td></tr>
<tr><td></td><td>Laptop computer and software</td><td>3,200</td></tr>
<tr><td></td><td>Stationery and telecommunications</td><td>1,750</td></tr>
<tr><td></td><td>Travel/car allowance</td><td>6,000</td></tr>
<tr><td></td><td>Education programs and telehealth costs</td><td>7,500</td></tr>
<tr><td>Sub total</td><td></td><td>18,450</td></tr>
<tr><td>Total</td><td></td><td>$65,000</td></tr>
</table></td>
</tr>
<tr>
<td>11. Potential for sustainability of the project</td>
<td>A performance indicator for the position will be to investigate and identify funding options to ensure sustainability of the project.</td>
</tr>
<tr>
<td colspan="2">Network Priorities</td>
</tr>
<tr>
<td>12. Please describe which of NCHN’s seven priorities is addressed by this project.</td>
<td>This project will address NCHN priorities in the following areas:
<u>Priority 2</u>: Education needs analysis and delivery of multidisciplinary education
<u>Priority 4</u>: NCHN as an advocacy body, involved in joint planning; with identification of gaps, including workforce issues an definition of what outreach specialist services are already in place and what is reasonable
<u>Priority 5</u>: Culturally appropriate services and staff
<u>Priority 7</u>: Executive staff Key Performance Indicators to include children’s health planning and service delivery</td>
</tr>
</table>

Paediatric Enhancement Funding application

Contact Details		
1.	1.Facility / Area Health Service	Hunter New England Health
2.	Address	Locked Bag 9783, Tamworth NEMSC NSW 2348
3.	Name, position title and phone number of person responsible for project	Cathy Hastings Child, Youth and Family Program Coordinator 02 6767 8122
4.	Priority of this Project for this AHS	
The Project		
5.	Title of project	Rural Occupational Therapists working with children
6.	Aims & Objectives	1. Improve rural children's access to generalist OT services; 2. Enhance the capacity of rural Occupational Therapists conducting developmental assessments with children aged 0-5 years; 3. Standardise the practice of rural OT's in conducting developmental assessments; 4. Improve the knowledge, skills and competencies of generalist OT's who work with children.
7.	Brief description of project	The majority of Occupational Therapists working in the New England region provide a broad and generalist service in their community and incorporate both adults and children within their clinical case load. Whilst this ensures clinicians have wide and encompassing skills, it is difficult for them to maintain superior skills in working with children. The difficulties in maintaining a feeling of competence and confidence amongst generalist clinicians working with children was acknowledged in a recent report funded through the New England Families First Regional Officers Group[1]. An Occupational Therapist will be employed two days per week (.4 FTE) to enhance the capacity of existing generalist OT's in their work with children. The project will commence by addressing the paediatric developmental assessment skills which includes assessments in: fine & gross motor skills; pre-writing skills; pre-academic skills; coordination; cognition and visual perception. The process will require the Occupational Therapist to review the developmental assessments currently used by clinicians in the New England region. The

[1] Ackling, S. *A Difficult Road Ahead. Access to therapy services for children with a disability in the New England region* (unpublished)

<table>
<tr><td></td><td>the Hunter region and other Area Health Services in managing and prioritising child development assessments.

The Occupational Therapist will incorporate a mentoring role by jointly conducting developmental assessments with sole, generalist OT's and act as a resource to support their practice. The Occupational Therapist will convene additional training and education forums and encourage skill and competency development. This process also aims to standardise and enhance the practice amongst rural OT's and their work with children.</td></tr>
<tr><td>8. Expected outcomes (if this is a continuation of an existing project, please include a summary of outcomes achieved to date (an attachment of no more than 1 page)</td><td>1. Generalist Occupational Therapists to feel more confident in their developmental assessments with children aged 0-5 years.
2. An increase in the number of children accessing generalist Occupational Therapy services.
3. Generalist OT's being adequately resourced with appropriate assessment tools and age appropriate resources;
4. Standardised assessment practice amongst generalist OT's.</td></tr>
<tr><td>9. Please list and describe the performance indicators to be used in measuring the project's outcomes</td><td>1. Base line audit regarding the number of children seen for developmental assessments by generalist OT's, with an increase in the number of children when audited again just prior to completion of this project.
2. Production, introduction, dissemination and use of standardised assessment tools and age appropriate resources by generalist OT's. Tools will be provided with the final report.
3. Survey of OT's to show an increase in their knowledge and skills, conducted by June 2006.</td></tr>
<tr><td>10. Total funding sought (please give detailed budget indicating contribution of AHS)</td><td><table>
<tr><th>Program Budget</th><th>Detailed explanation</th><th>Budget $</th></tr>
<tr><td>Salaries</td><td>Salary, on costs</td><td>$30,000</td></tr>
<tr><td>Non salaries</td><td>Resources, training, education</td><td>$25,000</td></tr>
<tr><td>Miscellaneous</td><td>Travel & accommodation</td><td>$5,000</td></tr>
<tr><td>Total</td><td></td><td>$60,000</td></tr>
</table></td></tr>
<tr><td>11. Potential for sustainability of the project.</td><td>This is a defined project to create the tools for standardised assessment and educate the OT staff in their use.</td></tr>
<tr><td colspan="2">Network Priorities</td></tr>
<tr><td>12. Please</td><td>Priority 2 - Education needs analysis and delivery of multidisciplinary education</td></tr>
</table>

describe which of NCHN's seven priorities is addressed by this project.	

Northern Child Health Network

Paediatric Enhancement Funding application

Contact Details		
1.	Facility / Area Health Service	Kaleidoscope/ Hunter New England Area Health Service
2.	Address	John Hunter Children's Hospital Locked Bag 1 HRMC NSW 2310
3.	Name, position title and phone number of person responsible for project	Pat Marks, Director/Director of Nursing Kaleidoscope GNS
4.	Priority of this Project for this AHS	This is a high priority for the completion of the roll out of Clinical Practice Guidelines.
The Project		
5.	Title of project	Project Officer - Area Guidelines, Standards and Protocols
6.	Aims & Objectives	1. Continue the implementation of the 12 NSW Health Paediatric Clinical Practice Guidelines (CPGs) to pilot sites 2. Facilitate the dissemination and implementation of the 12 CPGs to **non** pilot sites throughout the Hunter New England Area Health Service 3. Develop, disseminate and implement new guidelines relating to the transfer of non-acute patients within networks 4. Develop effective links with health care providers (including GPs) throughout the merged HNE Health Service 5. Continue to liaise with key groups to develop/review area guidelines
7.	Brief description of project	A Project Officer (PO) responsible for area guidelines, standards and protocols is seconded for an additional two years to expand on current achievements. The PO is currently actively involved in the roll out of a major 3-year project relating to the 12 most common presentations to Emergency Departments. The PO will also commence a new project relating to the development of guidelines for the transfer of non-acute patients. The PO also needs to expand her role/services throughout the New England area (to date the PO has been working with the former Hunter and Lower Mid-North Coast area health services).
8.	Expected outcomes (if this is a continuation of an existing project, please include a summary of outcomes	Please see attached. In addition there will be: 1. New guidelines developed in relation to the transfer of non-acute patients within networks

<table>
<tr><td>achieved to date (an attachment of no more than 1 page)</td><td>2. Evidence of roll out to non pilot sites of 12 ED CPGs
3. Completion of baseline audits and evidence of improved results in post implementation audits (in relation to the 12 ED CPGs)
4. Complete the roll out of 8 more ED CPGs within pilot sites
5. Effective processes developed and communicated widely in relation to guideline development and implementation (with a focus on area "applicability" and online publishing)</td></tr>
<tr><td>9. Please list and describe the performance indicators to be used in measuring the project's outcomes</td><td>1. 12 ED CPGs implemented in pilot sites
2. 12 ED CPGs implemented in non pilot sites throughout the merged health service
3. Improved post implementation audit results for 12 ED CPGs (demonstrating compliance with guidelines)
4. Evidence of local adaptation of the 12 ED CPGs at all sites
5. Formation of working party (for transfer of non acute patients), development of guideline, evidence of effective consultation and appropriate ratification and implementation
6. Evidence of involvement in additional working parties (as required) to develop area wide documents to facilitate the standardisation of paediatric care</td></tr>
<tr><td>10. Total funding sought (please give detailed budget indicating contribution of AHS)</td><td>
<table>
<tr><th>Program Budget</th><th>Detailed explanation</th><th>Budget $</th></tr>
<tr><td>Salaries</td><td>CNC 2 @ 1 FTE, including on costs</td><td>82, 375</td></tr>
<tr><td>Non salaries</td><td></td><td></td></tr>
<tr><td>Miscellaneous</td><td>Travel, goods and services</td><td>2,625</td></tr>
<tr><td>Total</td><td></td><td>$85, 000</td></tr>
</table>
</td></tr>
<tr><td>11. Potential for sustainability of the project</td><td>By continuing this project for a further two years, all ED CPGs will have been implemented and staff will be familiar with guideline implementation methodology. In addition, effective processes will have been established with regards to developing area guidelines (where gaps exist) and ensuring appropriate ratification and effective dissemination by print and electronic media</td></tr>
<tr><td colspan="2">Network Priorities</td></tr>
<tr><td>12. Please describe which of NCHN's seven priorities is addressed by this project.</td><td>This project addresses 2 priority areas:
1. Completion of roll out of clinical practice guidelines (including to non pilot sites throughout the merged area health service)
2. Development of guidelines for transfer of non acute patients within networks</td></tr>
</table>

Project Officer Outcomes Report Jul 2004 to June 2005

Author: Louise Evans

1. Needs Assessments

- Acute sector - 24 staff interviewed, report written and circulated and identified issues (eg relating to communication and access) have been actioned (see attached report)
- Community sector - 19 staff interviewed (see attached report)
- John Hunter Children's Hospital clinical practice manual
  - Staff survey - 36 staff interviewed (see attached report)

2. **Area Guidelines**

The following guidelines/protocols have been ratified for area use and are available on the Kaleidoscope website:

- Traction
- Tonsillectomy
- Restraint
- Pain Management in Emergency Departments
- Triage - recognition of a sick child
- Oxygen Therapy
- Admission and Transfer to Higher Level Facility

3. **Area Guidelines (Draft, awaiting ratification)**

- Home Visiting
- Naso Gastric Tubes-insertion and removal

4. **Area Emergency Department Clinical Pathways**

Tertiary and rural site versions have been developed and are currently being trialled for:

- Fever
- Asthma
- Gastroenteritis
- Croup
- Bronchiolitis
- Bacterial Meningitis
- Otitis media

The tertiary site version for Head Injury, Abdominal Pain and Sore Throat pathways have been drafted but are awaiting further refinement before being trialled.

5. **Audit Results**

- Audits conducted in July and December, 2004 at JHH and Maitland (by members of the ED CPG Implementation Working Party) for the CECP demonstrate the following improvements:
  - JHH **recognition of sick child** “appropriate treatment given” to 100% (up from 88%)
  - JHH **gastroenteritis** “discharge information given” to 60% (up from 14%)
  - Maitland **gastroenteritis** “urinalysis taken” to 44% (up from 30%) and “oral feeding attempted to 81% (up from 60%)
  - Maitland **asthma** “written asthma plan given to” 9% (up from 0%) and steroids given in moderate asthma to 71 % (up from 57%)

6. **Quality Activities**

- Joint submission for HNE Health Quality Awards 2005: “Implementing Paediatric Emergency Department Clinical Practice Tools for Gastroenteritis, Fever and Asthma: a collaborative approach”
- JHCH Clinical Improvement Project: John Hunter Children’s Hospital Clinical Practice Manual Staff Survey and Improvement Plan
- Baseline and post-implementation audits for CECP: coordinating collection and collation of data and providing reports to the Clinical Excellence Commission

- John Hunter Hospital Staff Gastroenteritis Quiz: questionnaire development, collaboration with author Neil Atherton on paper (titled: "Management of Paediatric Gastroenteritis: do clinical practice guidelines make a difference?") and dissemination of results in staff newsletter
- Participation on/presentations provided to various quality committees throughout the area

7. Implementing the Children's Emergency Care Project (CECP)

- Facilitated a combined working party to implement 12 NSW Health Paediatric Emergency Department guidelines
- Developed tools (clinical pathways and flow charts) for the 12 CPGs
- Mentoring provided to new Project nurse roles developed for JHH ED and JHCH. These roles involve the 2 staff members (one from ED and one from JHCH) providing staff education, gaining support from staff, incorporating staff feedback in new forms, keeping staff well informed with each stage of the project roll out as well as meeting attendance at area and state level. Their appointment also demonstrates management commitment to the success of the project
- Staff newsletters developed and disseminated to staff regarding CECP progress and audit results

8. Systems Developed

- In collaboration with other working party members, systems have been developed relating to:
  - Area applicable guideline dissemination and implementation (this relates to existing guidelines that have been identified as being "applicable" area wide)
  - Standardisation of area guidelines (format and development process) and online publishing on Kaleidoscope Website
  - Review and development of procedures/guidelines for John Hunter Children's Hospital
  - Implementation of 12 emergency department clinical practice guidelines

9. Collaboration Outcomes

- Collaborated with a multidisciplinary team at JHCH to develop procedures and safe work practices relating to ward safety and general nursing care and safe use of Oxford cots
- Collaborated with Children's Hospitals Australasia and JHCH staff to develop a draft procedure relating to fluid balance monitoring
- Collaborated with Child and Family Health GNS nurses in the roll out of the use of PC tablets as a method of standardising information provided to parents
- Collaborated with and mentored staff responsible for developing and/or reviewing guidelines (examples include, review of JHCH neurology and orthopaedic procedures, oncology manuals, transition to adult health care providers for young people with a chronic condition and management of eating disorders)
- Collaborated with representatives from two other children's hospitals (SCH and CHW) on guideline standardisation and resource sharing - currently updating the procedure on Intragam Administration
- Appropriate area meeting forums identified and attended (eg Management, Quality/Safety, Clinical Improvement, CNC, Clinical Practice, Policy/procedure and unit team meetings) with presentations provided to First Steps Parenting, Upper Hunter Managers, Kurri/Cessnock Quality/Patient Safety, Kaleidoscope CNC and Kaleidoscope Executive Advisory Group (KEAG)

10. Negotiation Outcomes

- Senior management agreed to allocate extra hours to Webmaster to upgrade and maintain the Kaleidoscope website
- Negotiated with John Hunter Hospital ED management to allocate non clinical hours to nurse to help implement the CECP and to also allocate office space in ED

11. Kaleidoscope Balanced Scorecard

- Target (of 20 area guidelines/procedures/pathways) has been reached - **100%** compliance

12. Staff Development

- Completed Certificate IV in Workplace Assessment and Training
- Attended 3 day Project Management course
- Regular attendance at Kaleidoscope Clinical Improvement meetings and grand rounds

Northern Child Health Network

Paediatric Enhancement Funding application

Contact Details	
1. Facility / Area Health Service	Manning Base Hospital, Taree
2. Address	York Street TAREE NSW 2430
3. Name, position title and phone number of person responsible for project	T Laidlaw, Nursing Unit Manager, Paediatrics Ph: 02 6592 9282
4. Priority of this Project for this AHS	High

The Project			
5. Title of project	Child & Adolescent Mental Health Development Day		
6. Aims & Objectives	To increase the paediatric staff knowledge and skills in managing young people admitted to hospital with mental health problems.		
7. Brief description of project	Two ½ day seminars – speakers addressing risk assessment, safety issues, restraint, mental state examination and medications. This is to address the issues faced due to increasing admissions at a local level. Nurses need to feel secure and safe and have the confidence and ability to look after complex psychosocial issues. Case scenarios and vignettes are tools that will be used in these educations sessions.		
8. Expected outcomes (if this is a continuation of an existing project, please include a summary of outcomes achieved to date (an attachment of no more than 1 page)	Enhancement of nurses knowledge base by the provision of training in the following: • Therapeutic supervision • Assessment and medications • Facilitation of patient/carer education with the focus on prevention • Risk assessment		
9. Please list and describe the performance indicators to be used in measuring the project's outcomes	• Learning packages developed • Successful seminars as proven by evaluation at completion of the sessions		
10. Total funding sought	**Budget Program**	**Detailed explanation**	**Budget $**

(please give detailed budget *indicating contribution of AHS*)	Salaries	16 RN's @ $28.26/hr x 4 hrs x 16	1808.64
	Non salaries	Catering $15 per person x 22	330.00
	Miscellaneous		
	Total		**$2138.64**
11. Potential for sustainability of the project			
Network Priorities			
12. Please describe which of NCHN's seven priorities is addressed by this project.	Priority 2: This project will address issues raised in an educational needs analysis and will deliver multidisciplinary education		

Northern Child Health Network

Paediatric Enhancement Funding application

Contact Details	
1. Facility / Area Health Service	Kaleidoscope/ Hunter New England Area Health Service
2. Address	John Hunter Children's Hospital Locked Bag 1 HRMC NSW 2310
3. Name, position title and phone number of person responsible for project	Paul Craven Neonatologist
4. Priority of this Project for this AHS	

The Project	
5. Title of project	Improving Outcomes for Newborn Babies
6. Aims & Objectives	6. Training in teaching methodology to ensure evidence based educational styles 7. Training in neonatal resuscitation following evidence based educational styles 8. Have effective trainers in neonatal resuscitation to service the Hunter New England and North Coast regions
7. Brief description of project	This is a two-day workshop to train teachers in delivering neonatal resuscitation education. It aims to improve the clinical resuscitation and subsequent outcomes for newborn babies, and is consistent with a number of educational/skills development previously supported by the network. These sessions are always highly evaluated by participants. The number of births and changing models of birthing centres sees significant changes in the skill mix present at births. The program aims to better prepare practitioners deal with babies who become compromised at or soon after birth.
8. Expected outcomes	Representatives from each hospital from within Hunter New England and North Coast Area Health Services to become trainers in neonatal resuscitation.
9. Please list and describe the performance indicators to be used in measuring the project's outcomes	1. Twenty proficient neonatal resuscitators and educators 2. Development of a database of people trained in neonatal resuscitation 3. Development of a database of people trained in teaching on the run

<table>
<tr><td rowspan="5">10. Total funding sought (please give detailed budget indicating contribution of AHS)</td><td>Program Budget</td><td>Detailed explanation</td><td>Budget $</td></tr>
<tr><td>Salaries</td><td></td><td></td></tr>
<tr><td>Non salaries</td><td>Venue hire, catering</td><td>2,800</td></tr>
<tr><td>Miscellaneous</td><td></td><td></td></tr>
<tr><td>Total</td><td></td><td>$2,800</td></tr>
<tr><td>11. Potential for sustainability of the project</td><td colspan="3">This is a finite project</td></tr>
<tr><td colspan="4">Network Priorities</td></tr>
<tr><td>12. Please describe which of NCHN's seven priorities is addressed by this project.</td><td colspan="3">This project addresses the priority area:
1. 1. Delivery of multidisciplinary education</td></tr>
</table>

Northern Child Health Network

Paediatric Enhancement Funding application

Contact Details	
1. Facility / Area Health Service	North Coast Area Health Service
2. Address	Locked Mail Bag 11, Lismore, 2480
3. Name, position title and phone number of person responsible for project	Denice Fletcher Director of Clinical Operations (Delegate Vicki Rose, Operation Support Manager) 02 6620 2143
4. Priority of this Project for this AHS	High
The Project	
5. Title of project	Paediatric, Adolescent and Child Health Development
6. Aims & Objectives	• To facilitate implementation of the 12 NSW Health Paediatric Clinical Practice Guidelines • To strengthen the Intra and Inter Paediatric Clinical Networks within the NCAHS • To foster paediatric, adolescent and child intra government relationships (eg Families First) • To lead the development and implementation of standardised paediatric, adolescent and child service delivery models (as appropriate) for the NCAHS, including area wide policy, practice and guideline development • To facilitate the establishment of clinical supervision, support and development opportunities for paediatric, adolescent & child health clinicians (especially Allied Health staff, in alignment with the recommendations contained in the Statewide Allied Health Needs Analysis conducted last year) • To identify service gaps (utilising data already collated by the Northern Child Health Network), develop and implement strategies for more accessible deliver of paediatric services across the North Coast Area Health Service • To continue to work within the priorities of the Northern Child Health Network and other clinical networks to develop and roll out education programs for a range of health clinicians • To develop paediatric linkages with interstate tertiary referral centres • To work in collaboration with Northern Child Health Network Coordinator to progress local paediatric issues • Coordinate the implementation of statewide enhancement projects within the North Coast Area Health Service
7. Brief description of project	It is proposed to establish a Paediatric, Adolescent and Child Health Development Project Officer for a period of two years. This position will be responsible for delivery of the aims, objectives and outcomes for this project outlined above. The project will establish systems that will be sustainable beyond the scope of the project.

8. Expected outcomes (if this is a continuation of an existing project, please include a summary of outcomes achieved to date (an attachment of no more than 1 page)	• Consultations with staff and community, recognising and utilising data already collated by the Northern Child Health Network • Multidisciplinary education and training programs • Establishment of clear, strong Intra and Inter Paediatric Clinical Networks • Full implementation of the 12 NSW Health Paediatric Clinical Practice Guidelines • Accurate and timely reporting of service improvements to NSW Health, via the Northern Child Health Network Coordinator reports • Demonstrated effective communication strategy with other government and community partners • Clinical supervision, support and development opportunities for paediatric, adolescent & child health clinicians (especially Allied Health staff), in alignment with the recommendations contained in the Statewide Allied Health Needs Analysis conducted last year) • Establishment of standardised (where appropriate) Paediatric, Adolescent and Child Health service delivery models, including area wide policy, practice and guideline development • An integrated Paediatric Service operating at Area Health Service and Network level.
9. Please list and describe the performance indicators to be used in measuring the project's outcomes	• Evidence of staff and community consultation • Evidence of education and training programs conducted • Evidence of participation in Intra and Inter Paediatric Clinical Networks (eg minutes of meetings, protocols, agreed referral pathways) • All NCAHS facilities with full implementation of the 12 Paediatric Emergency Department Clinical Guidelines. • Evidence of effective reporting to other government and community partners, via a variety of media • Evidence of standardised Paediatric, Adolescent and Child Health service delivery models, including area wide policy, practice and guideline development.

10. Total funding sought (please give detailed budget *indicating contribution of AHS*)

Program Budget	Detailed explanation	Budget $
Salaries	Five days per week HSM 3 including on costs	77,555
Non salaries	Workshops and education sessions, including facilitation of staff to attend	36, 445
Miscellaneous	Transport Equipment, eg desk, telephones & computer Admin costs, including tele/video conferencing	26,000
Total		**$140,000**

11. Potential for sustainability of the project	This is a finite project for 2 years

Network Priorities

12. Please describe which of NCHN's seven priorities is addressed by this project.	Priority four:	NCHN as an advocacy body, involved in joint planning: with definition of gaps including workforce issues and definition of what outreach specialist services re already in place and what is reasonable

	Priority seven: Executive key performance indicators to include children's health planning and service delivery

Governance

The NCHN is managed by a steering committee that is representative of multidisciplinary paediatric services throughout the urban and rural sectors of the network. Communication is disseminated to area health services via their Chief Executive. Chief/Area Health Service Executive sign off is required on all steering committee decisions.

Goals

The Northern Child Health Network is one of three paediatric networks in New South Wales whose goal is to improve quality of health care for children and their families. The activities of the network are guided by the *Implementation Plan for the Guidelines for the Networking of Paediatric Services in NSW*, in the dimensions of:

- Safety
- Access
- Efficiency
- Communication
- Effectiveness & appropriateness
- Workforce development
- Consumer participation
- Governance

Northern Child Health Network
NSW HEALTH

Organisational Chart

Director-General Health

Statewide Services Development Branch

Health Priority Taskforce – Children's Health

CEs - Area Health Services

NCHN Steering Committee

Coordinators GESCHN & WCHN

Coordinator & Project Officer - NCHN

Sub committees – Area Health Services

NCHN Projects

Northern Child Health Network Steering Committee
Terms of Reference

1 Authority

The Chief Executives of Hunter New England and North Coast Health are responsible for the overall governance of the Northern Child Health Network Steering Committee.

The Executive Sponsors of this Committee will be the Director of Kaleidoscope and the executive representative from North Coast Area Health Service.

2 Purpose

The purpose of the Committee is to provide a forum for:

- *Clinical Services Planning*
  - To identify gaps in clinical services provision
  - To prioritise enhancement proposals to address identified gaps in clinical service provision
  - To develop strategies to promote child health service provision throughout the network
  - To develop a Network wide educational strategy prior to the implementation of clinical practice guidelines (CPGs)
  - To develop a strategy to implement and evaluate CPGs
  - To monitor evidence-based outcomes from CPGs
  - To evaluate the appropriate use of resources throughout the implementation process
  - To assess the efficacy of technology as a vehicle for distribution

- *Education*
  - To identify strategies to facilitate education and training to enhance workforce capacity
  - To identify opportunities for delivery of education and training

- *Relationship building*
  - To establish partnerships
  - To develop strategies to integrate professional links and peer support
  - To develop strategies to address transition between rural and regional areas and the principal referral centre
  - To develop effective networks by clear network governance and implementation of local priorities
  - To develop communication and consultation strategies

- *Performance*
  - To monitor implementation of enhancement proposals
  - To facilitate input from both network and community partners
  - To develop, review and implement clinical guidelines in accordance with the Network's principles.

3 Responsibility and scope of activities

The Committee shall provide recommendations to Hunter New England and North Coast Health Chief Executives for approval having regards to children's health service enhancement.

4 Membership of Steering Committee

North Coast Area Health Service:
AHS Executive member
AHS Planner
One AHS Paediatric Medical officer – Paediatrician and or GP
One AHS Paediatric nursing representative
One AHS Allied health representative

Hunter New England Area Health Service:
AHS Executive member
AHS Planner
One AHS Paediatric Medical officer – Paediatrician and or GP
One AHS Paediatric nursing representative
One AHS Allied health representative

John Hunter Children's Hospital:
One Executive member
One Clinical representative

Child & youth mental health:
One representative

General Practitioners:
One representative

Aboriginal health:
One Aboriginal health executive member

Consumers:
One representative

Kaleidoscope:
Area Director - ex-officio

Northern Child Health Network:
Co-ordinator - ex-officio - Chair
Project officer - ex-officio

Note: Representation must be balanced between acute, community, metropolitan and rural partners

4.1 Appointment of members

The members, as described above, will be selected by the Area Health Service they represent, except the Area Director of Kaleidoscope and the Northern Child Health Network Coordinator and Project Officer who are appointed ex-officio.

4.2 Appointment of Committee secretary

The secretary will be the Northern Child Health Network Project Officer.

4.3 Introduction of new members

New Committee members are to receive a copy of this document and the Code of conduct and are to meet with the Chairperson and/or responsible Executive, as part of their introduction. Members may solicit (with approval of the Chair) any other information they may require in order to be fully briefed on their role and responsibilities.

5 Meetings

5.1 Frequency

The Committee is to meet at least four times per year with the dates set 12 months in advance from the first meeting of the new year. However, the Committee has the power to call special meetings as it deems necessary.

5.2 Quorum

A quorum shall consist of half the members plus one.

6 Declaration of conflict of interest

Committee members are responsible for declaring a conflict of interest, whether pecuniary or non-pecuniary. In all cases where a conflict of interest exists, or may be reasonably perceived to exist, the Committee member shall not participate in the decision making process.

7 Agenda

The agenda shall be agreed by the Chair prior to the meeting. All agenda items are to be addressed by completing a briefing form and submitting it to the secretary at least two weeks prior to meeting dates. The agenda and papers shall be prepared and distributed by the Secretary at least one week prior to meeting dates.

The meeting agenda will generally follow the same format, including:

- Apologies
- Receipt and adoption of previous meeting minutes
- Business from previous minutes arising (if not otherwise on the agenda)
- Standing item report on activities and issues
- New items for discussion
- New items for information
- Monitoring of implementation of strategic plan
- General business
- Date, time and venue of next meeting

8 Minutes

All meetings shall be minuted and the minutes distributed to all members of the Committee within a fortnight of the previous meeting. The Chair shall sign the minutes once they have been endorsed by the Committee at the following meeting.

9 Assessment of the Committee's performance

The Committee shall undertake a review of the appropriateness of this document annually. In addition, the Committee shall perform a self assessment of the effectiveness of the Committee every two years, by way of surveys and interviews with various parties involved with the Committee.

10 Linkage arrangements

The Committee formally reports to the Chief Executives of Hunter New England and North Coast Area Health Services.

A subcommittee will be formed in each of the two area health services within the Northern Child Health Network. Terms of reference, based on those of this steering committee, are to be developed and submitted to the Northern Child Health Network Steering Committee.

Reviewed: May 2005

Appendix 1

NCHN Implementation Plan for the Guidelines for the Networking of Paediatric Services in NSW

	Key Activities		
Dimension	**Statewide**	**Network**	**Area Health Service**
Safety	• **Oversee the development of statewide initiatives eg Clinical Practice Guidelines, Guidelines for the Hospitalisation of Children in NSW, in partnership with stakeholders.**	• **Evidence of education and training programs.** *Actions* o Revise education needs analysis, including existing documents & reports ▪ Current gaps ▪ Achievements ▪ Carry over similar education projects where needed o A clear governance structure including network, AHS responsibilities and how planning and implementation is done o Continue role of CNC and involve all disciplines o Responsibility in policy and competency development *Measures* o Measurable outcomes o Change in work practices o Audits ▪ Rolling ▪ Independent • **Development and roll out of clinical practice guideline implementation plan.** *Actions* o Continued involvement of CNC o Non pilot site roll out o DoH & AHS sign off needed on strategy for post 30 June *Measures* o Measurable network roll out plan • **Coordinate the development of plan for optimal paediatric/child health services throughout the network.** *Meaning* *The networks need to have a say in planning. It will require collaboration and listening. The network needs to get paediatrics on the agenda in as many forums as possible.*	• **Develop a local implementation strategy for Statewide and/or network initiatives.** *Actions* o Recognised reporting lines need to be identified o Need to look at issues broader than just network issues *Measures* o Achievements need to be: ▪ Time framed ▪ Evaluated ▪ Comprehensively reported • **Incorporate paediatric/child health networking issues into local activities** *Actions* o Buy in is needed from planning departments o The role of paediatric staff specialists needs to be defined o Clinical leaders need to be nominated o KPIs need to be developed for AHS senior managers and leaders

		Actions o Strengthen role of NCHN ▪ Adequate representation on Health Priority Taskforce for Children o Timeframe for completing implementation of CPGs	
Access	• **Develop and refine paediatric/child health networking principles** • **Plan paediatric tertiary and super specialty services.** • **Provide a mechanism for coordination of service planning.**	• **Develop a plan identifying future paediatric specialist outreach service provision.** *Actions* o Define what specialist services are reasonable o Identify what is already in place o Identify gaps ▪ Workforce issues ▪ Professional development ▪ Geographical issues ▪ Transport *Measures* o Decreased waiting lists o Increased number of clinics o Satisfaction of referrers • **Through planning, identify strategies for improved access, across the network, as appropriate.** *Actions* o Culturally appropriate services and staff o Socially disadvantaged families o Advocacy body *Measures* o Increased number of professional development activities	• **Develop a plan to achieve by 2006 self sufficiency of general paediatric services (Medical and Surgical)** *Actions* o Appropriate staff ▪ Nursing ▪ Medical ▪ Allied health ▪ Surgical support o Formal clusters (size important) ▪ Need agreement between GPs around admitting/transfer o Need guidelines for care o Outreach surgical services o Accommodation for families (coordinated) o Aboriginal health workers *Measures* o Link into performance agreement of CEs ▪ Self sufficiency of 90% across network • **Plan services in collaboration with network partners** • **Provide safe and effective paediatric emergency services in child friendly EDs** *Actions* o ED guidelines need to be in place especially recognition of the sick child o Paediatrics needs to be prioritised when building/designing EDs *Measures* o Audits • **Communicate with Divisions of General Practice with regard to paediatric/child health networking issues.** *Actions* o Memorandum of understanding with divisions

Efficiency	• **Application of networking principles and philosophy to proposed service enhancements.**	• **Development of guidelines for transfer of non acute patients within networks.** *Meaning* *This includes:* o *Transfer of care* o *Transfer of child* o *Transfer of knowledge* o *Linking to outreach* *Actions* o Well documented guidelines o Look at top issues ▪ Mental health ▪ Child protection ▪ ADHD ▪ Endocrinology ▪ Surgery ▪ Oncology ▪ Chronic o Taskforce needed o Look at patient flows *Measures* o Reduced number of acute admissions o Specific indicators for specific conditions o Part of guideline development o Number of outreach services throughout the network. o Acknowledgement that once an outreach service is established it grows • **Make recommendations regarding the realignment of specialist paediatric outreach to reflect network configuration to avoid duplication.**	• **Ensure continuity of care through acute, outpatient and community settings.** *Actions* o Admission, transfer and discharge planning principles to be applied across the board o Resource review for early intervention participation in relation to chronic conditions o Development of managed clinical networks in AHSs to include ▪ Health promotion ▪ Early intervention o Further development of electronic discharge to include multidisciplinary professionals ▪ Allied health ▪ Child & family health nurses o Improvements in case conferencing to include paediatrics as EPC item (in relation to chronic conditions) *Measures* o EDRS data o Satisfaction surveys ▪ Family ▪ Clients ▪ Stakeholders o Clinical network reports • **Review current specialist paediatric outreach requirements** *Actions* o Needs analysis of paediatric specialist outreach requirements o Ensure mention in information transfer for patients as they move from acute to community setting and vice versa • **Review current specialist paediatric outreach service provision for both network and non network partners, and contribute to Network analysis.**

<table>
<tr>
<td>Communication</td>
<td>

Develop and implement a broad communication strategy.
Provide clarity about statewide paediatric issues to CEOs.

</td>
<td>

Develop and implement a network wide communication strategy, using a variety of media
Meaning
The networks communication strategy needs to expand to include those who don't have access to electronic media.
Actions

Identify 'AHS champions' to disseminate information
Investigate IT technologies such as bulletin boards, which allow for cross fertilisation of ideas

Facilitate exchange of ideas and identification of best practice models of care.
Actions

Investigate IT technologies such as bulletin boards, which allow for cross fertilisation of ideas
Staff secondments should continue as these are a great way of sharing information

Develop inter and multidisciplinary professional partnerships
Actions

Investigate IT technologies such as bulletin boards, which allow for cross fertilisation of ideas
Staff secondments should continue as these are a great way of sharing information

Develop strategies to increase the availability of resources for network partners.
Actions

Investigate IT technologies such as bulletin boards, which allow for cross fertilisation of ideas
Staff secondments should continue as these are a great way of sharing information

</td>
<td>

Disseminate information locally regarding paediatric/child health issues and activities
Actions

Advertise and seek EOI for AHS champions
Ensure champions are well supported
Increase IT access to all areas
Engage local IT support
Use existing network resources
Use existing communication channels

Promote and support paediatric/child health networks to consumers and clinicians within AHSs.
Actions

Add paediatrics and networking to the agenda on all relevant meetings and forums

Ensure child health service providers are aware of, and can access appropriate continuing education and skill development.
Actions

Identify 'champions' to disseminate information
Use existing network resources
Use existing communication channels

</td>
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</table>

Effectiveness & Appropriateness	• **Support innovative models of care through allocation of enhancement funding.** • **Promote primary and secondary care development as an aspect of paediatric networking.** • **Development and implementation of ten Clinical Practice Guidelines.**	• **Nominate network enhancement proposals promoting innovative and appropriate models of care and service provision, in accordance with networking principles.** *Meaning* *A systematic needs analysis is needed with:* o *Agreed gaps* o *Best practice review/benchmarking* o *Inclusive service models* o *AHS and Network commitment to joint planning* *Actions* o Define standards and agreed outcomes o Review o Involve networks in AHS planning via nominated responsible individual o Accept network principles o CE KPIs to include Children's Health o Use CPG implementation methodology for any agreed enhancement • **Effective reporting of network enhancement projects.** *Meaning* *Reporting needs to occur annually at both networking and AHS levels, with feedback to clinicians and be published in newspapers.* *Actions* o Report to be consistent with quality framework and include: ▪ Financial ▪ Staff ▪ Patient clinical outcomes ▪ Consumer satisfaction (not disease specific) • **Collaborate with network partners & NSW Health and CEC to develop and facilitate the implementation of the Clinical Practice Guidelines.** *Meaning* *A governing body is needed to facilitate collaboration between AHS & Networks. A communication strategy is needed and should include:* o *Meetings*	• **Review relevance and suitability of 'new'/emerging models of care for local and network needs, in collaboration with network partners.** *Actions* o Paediatric clinical services plan ▪ NCHN key partner ▪ Executive sponsor for paediatric child health o Consultation with key clinicians o Direct feedback to CE ▪ CE accountable for sustainability of long term health care o Children's health must be included in population planning o Priorities to target agreed areas o Put more value on the investment into children's health to reduce ongoing chronic aged care problems *Measures* o Annual BSC • **Implement new models of care and service provision as required on an area wide basis.** • **Local implementation, monitoring and evaluation of outcomes associated with the Clinical Practice Guidelines.** *Meaning* *Use local 'champions' to implement guidelines in systematic, effective approach.* *Actions* o Paediatric CNC position o Working with CEC o Network partnership important o Consistent approach state wide o Regular audits and reports on progress

		o *Share Info* o *Inter personal* *Funding is required to facilitate this and individual projects. Agreed 'state' outcomes are required and should include:* o Monitored o Review to identify failures *Actions* o Key individuals ▪ Paediatric network CNCs ▪ Coordinators o Agreed communication strategies o Feedback	
Workforce Development	• **Monitor workforce trends and collaborate with networks to implement strategies to address trends.**	• **Identify and report workforce trends by partners and develop and implement network wide strategies.** *Meaning* *This issue is beyond the networks. There needs to be a collaborative approach with standards for:* o *Care* o *Role delineation* o *Agreed scope of practice* *It would require a five year plan to cover the following areas:* o *Study* o *Gap identification* o *Planning* o *Evaluation* *It was recognised that the workforce planning data of AHS should be used in the short term and that integration should be sort with other players, such as universities to establish future workforce trends.* *Actions* o Perform baseline study to identify current workforce. Areas to be covered are: ▪ All disciplines ▪ State, rural, metro ▪ Workforce distribution ▪ Age o Future paediatric presentation trends should be incorporated into AHS plans • **Develop a multidisciplinary education needs analysis and strategy for the network.**	• **Review local workforce needs and contribute to a network and/or statewide strategy.** *Actions* o Recognition of community/generalist/child & family interrelated workforce is needed o State workforce should be considered in relation to AHS and its distribution o Look at demographics and illness in relation to planning across the state o Information is to be disseminated to areas where education is no implemented o AHS to look broadly at infrastructure o Resource implications to new projects/service needs to be adequately delineated, such as: ▪ Car ▪ Phone ▪ Safety ▪ Staff o Centre based to home based infrastructure o Whole of AHS/Govt approach o Direction of paediatric health priorities in relation to other health priorities, such as cancer • **Participate in an educational needs analysis, and contribute to a network wide education strategy.** • **Facilitate and participate in the implementation of a network education strategy across the Area.**

		Meaning *Needs analyses have been performed in the following public sector areas:* o *Statewide* ▪ *Child & adolescent mental health* ▪ *Allied health* o *Network* ▪ *Nursing* *As yet nothing has occurred for the medical field.* *Actions* o Three networks need to implement the recommendations of the current needs analysis o Future shape of children's health services statewide needs to be investigated by Child Health Priority Taskforce	
Consumer Participation	• **Ensure appropriate consumer representation on SPNSG.** • **Ensure broad consumer input into statewide paediatric/child health initiatives.**	• **Develop guidelines for consumer participation on networking steering group.** *Meaning* *A clear definition of 'consumers' is needed to be able to move forward.* *Actions* o It was agreed that 'consumers' includes clinicians and families o Need to follow DoH Guidelines to selecting consumer and community representatives • **Advertise and appoint appropriate consumer representative.** *Actions* o Need to follow DoH Guidelines to selecting consumer and community representatives • **Implement strategies to ensure broad consumer input into network paediatric/child health initiatives, this includes clinician consumers of the networks.** *Actions* o Ensure diverse composition of NCHN Steering Committee. Must include: ▪ 'Frontline' staff ▪ Executive who can make final decisions ▪ Consumer representatives	• **Incorporate child health network issues into consumer consultation processes.** *Actions* o Add paediatrics to the work being done by Community Liaison Units in AHSs o Ensure paediatrics is a standing agenda item on all Community Liaison Unit meetings.

Governance	• **SPSNG meets regularly and sets strategic directions and networking framework.**	• **Develop and implement a network governance model.** *Actions* o Changes are to be made to the circulated governance document ▪ Consumer representation is to be added to the membership ▪ The role of the membership in information dissemination is to be stated ▪ AHS roles need to be spelt out	• **Ensure local implementation of governance principles.** *Actions* o Ensure appropriate level of seniority is represented at steering committee • **Support staff in network activities.** *Actions* o Ensure AHS CEs have incorporated in their performance agreements, support of and appropriate participation in child health network activities.
Other issues		o Statewide collaborative projects with statewide outcomes o Private sector issues o Future demand/capacity in relation to service planning o Patient safety o Clinician engagement/feedback/inclusion with fee for service for: ▪ Paediatricians ▪ GPs ▪ VMOs ▪ Staff specialists ▪ All clinical staff o Supporting generalist staff	
Priorities	• **As identified by the participants voting on the day**	1. Project resources assured for CNC positions (69) 2. Multidisciplinary education (57) 3. Development of guidelines for transfer of non acute patients (50) 4. NCHN involvement in joint planning with identification of gaps (30) 5. Wyong Hospital (28) 6. Education needs analysis (27) 7. Culturally appropriate services and staff (22) 8. Identify current workforce (22) 9. Define what outreach specialist services are reasonable (15) 10. Timeframe for completing implementation of CPGs (10) 11. NCHN as an advocacy body (10) 12. CE KPIs to include children's health (9) 13. Three networks to implement recommendations for workforce development (9)	

		14. Addition of consumer representation on NCHN Steering Committee (9) 15. Supporting generalist staff (6) 16. Clinician engagement/feedback/inclusion (6) 17. Identify what outreach specialist services are already in place (3)	